



National Institutes of Health  
Institute  
Branch  
Building 10, Room (       )  
Bethesda, Maryland 20892-1192  
(301)  
(301) (       ) FAX

**To:** Chairman, Credentials Committee

**From:** (Name, Professional Designation(s), Title), Clinical Center Nursing Department  
Or  
(Name, Professional Designation(s), Title), Sponsoring Institute Branch Chief or  
Institute Clinical Director

**Through:** David Henderson, M.D., Deputy Director, Clinical Center

**Date:** (Date)

**Subject:** Initial Appointment to the Adjunct Medical Staff, Warren G. Magnuson Clinical Center, NIH

It is requested that (applicant name [first, middle initial & last]), C.R.N.P. be appointed to the Adjunct Medical Staff, (Institute or Department/Branch) and be granted ("Adjunct" *or* "No" as shown on the NIH-101 form [a.k.a. "Record of Participation in Patient Care"]) admitting and ("Full", "Retrieval" or "No" as shown on the NIH-101 form\*) MIS code privileges. Mr./Ms. (last name) will be providing direct clinical care (describe the patient population) under the (insert Appointment Mechanism shown on Part 1 of the NIH-101 form\*) Appointment Mechanism. (Physician's name that is named in his/her Physician/Nurse Practitioner Agreement) will serve as her immediate supervisor. He/She resides at (applicant's home address), works in Building 10, Room (room #) and may be reached at (NIH telephone #).

Mr./Ms. (last name) earned his/her M.S.N./M.S. degree in (year) from the (school). (List any pertinent clinical experience and awards). In (year) Mr./Ms. (last name and credentials) earned his/her Bachelor Degree in Nursing in from the (school). (Chronologically list all clinically involved positions by title, facility and start and end date in month and year). (Include a statement that the candidate is competent to perform the planned responsibilities).

Mr./Ms. will be (generally describe the duties the applicant will be undertaking), consistent with those duties outlined in his/her enclosed Physician-Nurse Practitioner Agreement.

I know of no malpractice or other adverse action against Mr./Ms. (applicant last name) and therefore highly recommend his/her appointment.

\* For information on the NIH-101 form, contact the Credentialing Services section of the National Institutes of Health Warren G. Magnuson Clinical Center Medical Record Department at 301-496-5937.